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COMMITTEE ON HEALTH AND HUMAN SERVICES
January 26, 2006
LB 1002, 953, 949

The Committee on Health and Human Services met at 1:30 p.m. on Thursday, January 26, 2006, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB 1002, LB 953, and LB 949. Senators present: Jim Jensen, Chairperson; Douglas Cunningham; Gwen Howard; Joel Johnson; and Arnie Stuthman. Senators absent: Dennis Byars, Vice Chairperson; and Philip Erdman.

SENATOR JENSEN: Good afternoon, ladies and gentlemen. Welcome to the Health and Human Services hearing. We have three bills before us today. I will give you just a real brief indication of the rules that we'll be following today, introduce you to the senators that are here. Again, this is bill introduction time, and so there are senators on this committee that are in other parts of the building introducing bills just like senators come here to introduce bills. If you are coming to testify, I would ask that you fill out one of the testifier sheets that is over here on the side, and have that filled out and when you come up to testify, slip it in this wood box. Also, if you do have printed copies, the correct number is 12. If you don't have that many that you would like to circulate, we can make copies of those. Also, I'm going to ask that everyone hold their testimony down to two pages. So if you've got three or four or five, condense it, say what you have to or you want to say in those two pages. If you are carrying a cell phone, I would ask you to turn the ringer off. These proceedings are transcribed and recorded, and so we don't want that going off in the transcriber's ears. When you come up to testify, please give us your name, spell your last name for us. Tell us if you're representing yourself or if you're representing an organization. And I think that'll take care of it. I'll introduce you to the senators that are here. Senator Gwen Howard from Omaha to my far left; next to her is Senator Stuthman who's from the Platte Center area near Columbus; and next to him is Senator Joel Johnson from Kearney; to my immediate left is Joan Warner who is the committee clerk; and to my right is Jeff Santema who is the committee counsel. As the other senators come in, I'll introduce them to you. With that, Senator Synowiecki is here to introduce the first bill. Senator, you're getting to be a regular here.

LB 1002

SENATOR SYNOWIECKI: Thank you, Senator Jensen, and good afternoon, distinguished members of the Health and Human Services Committee. I am John Synowiecki. I represent District 7 in the Legislature. Today I bring to you LB 1002 for your consideration, a bill to change prescribing authority for nurse practitioners. Currently, nurse practitioners are not permitted to prescribe Schedule II controlled substances, except for Schedule II controlled substances used for pain control for a maximum of a 72-hour supply. LB 1002 would remove this limitation on their ability to prescribe therapeutic measures in medications. Nurse practitioners are highly qualified healthcare professionals. Nurse practitioners must meet the requirement of a licensed registered nurse in this state. They must complete an approved nationally accredited master's or doctoral program in the clinical specialty area nurse practitioner practice. In addition, they must obtain 30 contact hours of education relating to the use of drugs to treat diseases and pass a board-approved examination pertaining to the specific nurse practitioner role in nursing. Before nurse practitioners can enter a practice agreement with a physician, they must complete 2,000 hours of practice under the supervision of a physician. All nurse practitioners must meet requirements for continuing competency. These highly qualified professionals are a critical ingredient within the continuum of healthcare in Nebraska, especially in our rural areas. Nurse practitioners often work with patients suffering from chronic pain in rural Nebraska where access to a physician for cosignature within 72 hours is unrealistic. Nurse practitioners often treat patients in pain management, oncology, or hospice settings. There patients often require long-term use of Schedule II narcotics, making the 72-hour restriction problematic. Because of the 72-hour restriction, nurse practitioners in rural and other underserved areas are unable to provide timely services to their patients. In addition to narcotics, Schedule II drugs include the stimulants used to treat attention deficit and hyperactivity disorders. Psychiatric mental health and pediatric nurse practitioners are trained to diagnose and

manage patients with these diagnoses but are restricted in medical management due to the current statutes. I'd like to remind the committee that the Legislature enacted LB 175 last year, which granted the same prescribing authority to physicians assistants. Given passage of LB 175, I believe this legislation represents a logical extension to the nurse practitioner scope of practice. There will be others testifying after me who can give you a better understanding of why this change in prescribing authority is needed in practice. I want to thank you, Senator Jensen and members of the committee, for your consideration of LB 1002.

SENATOR JENSEN: (Exhibit 1) Thank you, Senator. I do have a letter here from Joann Schaefer, the Chief Medical Officer of the state. And they're taking no position but she does offer a technical amendment, and we can do that if it's in consultation with you and your staff.

SENATOR SYNOWIECKI: Yeah. And Senator, the suggested language change is technical in nature, and I have no problem with it.

SENATOR JENSEN: Right. Fine. Thank you. Any questions from the committee? Will you be here for closing?

SENATOR SYNOWIECKI: I'll be around, Senator. I don't know if I'll waive yet or not though.

SENATOR JENSEN: Very good. Thank you.

SENATOR SYNOWIECKI: Thank you, Senator.

SENATOR JENSEN: (Exhibits 2, 3, and 4) Can I see a show of hands of how many wish to testify, please? Okay. Very good, thank you. Come forward, please, first testifier. Joining us is Senator Doug Cunningham from Wausa. I have letters of support and these will be entered into the record from the Nebraska Board of Nursing and also from Bruce Lovejoy, family nurse practitioner, and Linda Lazure who is here. Thank you. Welcome.

BRENDA BERGMAN-EVANS: Good afternoon. My name is Brenda Bergman-Evans. Good afternoon to Senator Jensen and the members of the Health and Human Services Committee. I have

practiced as a geriatric nurse practitioner in Nebraska since 1996. I am presently the coordinator of the Nursing Home Network for Alegent Health. I am here to support LB 1002 that would remove the prescriptive authority restrictions for nurse practitioners. This bill is especially important for nurse practitioners that care for individuals in pain, who are dying, and those with mental illnesses. LB 1002 has the potential to improve care for the people in Nebraska that have chosen to be cared for by nurse practitioners. It will provide improved pain control. Pain has been awarded the status of the fifth vital sign, and controlling it is a critical outcome in all healthcare settings. Pain seldom respects time of day, number of hours, or who is on call. By restricting the prescription of Schedule II pain medications to 72 hours, nurse practitioners are severely limited, especially in treating oncology patients. Frantic faxes and frustrating phone calls to physician collaborators often mark the course of obtaining sustained pain medication regimens for these very ill patients. Also, if the NP is the primary provider, when and if the pharmacist, patient, or family member has a question about a patient's medication or illness, the prescriber's name printed on the prescription bottle needs to be the correct person to contact. Enhanced hospice care--the hospice movement and comprehensive treatment of the dying patient also frequently requires the use of Schedule II medications. With both hospice and oncology patients, the medications are not only prescribed for pain but also for the anxiety and restlessness that accompanies the difficult breathing that often is a forerunner of death. Greater continuative care for those with mental illnesses--the total inability to prescribe Schedule II non-narcotics has been extremely limiting for mental health NPs, especially in parts of the state where psychiatrists are not available and primary care physicians are either untrained or unwilling to assist the NPs in this care. Examples of patients that would benefit from this change are children and teens suffering from attention deficit disorders or elders requiring stimulants for profound depression. Increased cost effectiveness--a testimony regarding medications would not be complete without mention of cost. In Nebraska patients have been known to travel 100-plus miles to obtain needed Schedule II pain medications and leave with only a three-day supply. Patients who

receive a 72-hour supply from an NP followed by a prescription of physician for a longer period incur not one but two copays. Those who would oppose this bill seriously underestimate the safety of the system that is already in place. Pharmacists have long been the watchdogs for all persons who prescribe scheduled medications. There is no reason to believe that this system would be any different if NPs are granted a broader authority through LB 1002. Finally, I am licensed as a nurse practitioner not only in Nebraska but Iowa. Iowa's laws regarding Schedule II medication is consistent with what is proposed in LB 1002. For me, decisions regarding the prescribing of all medications are based on what is appropriate for the patient. I am no smarter or more experienced in Iowa. Yet the prescriptive authority grants me the ability to practice fully and responsibly within my scope. Thank you for allowing me to offer testimony on behalf of LB 1002. This important bill will further allow NPs to provide high-quality care to all of the residents of Nebraska regardless of age or diagnosis.

SENATOR JENSEN: Thank you, Ms. Evans. Any questions? Yes...

BRENDA BERGMAN-EVANS: Senator...

SENATOR JENSEN: ...Senator Johnson.

SENATOR JOHNSON: These won't be hard. (Laughter) You know, I've worked with nurse practitioners a lot and think very highly of them. I think maybe, for the record though, would you describe the difference between the arrangement with PAs that we've alluded to and the nurse practitioner as far as what, I guess we call one collaboration and what's the other one?

BRENDA BERGMAN-EVANS: A nurse practitioner works under her own licenses and works in collaboration with a physician. A PA works for the physician and is directed by the physician. It is a supervisory relationship between a PA and a physician, and a collaborative relationship between a nurse practitioner and the physician.

SENATOR JOHNSON: How do you arrange that? I...

BRENDA BERGMAN-EVANS: How do you arrange...

SENATOR JOHNSON: And the reason I ask that is for a very good reason because I've heard instances of people having trouble arranging a collaboration. Is it a problem from your standpoint? I know I'm digressing a little bit here but...

BRENDA BERGMAN-EVANS: Okay. And I'm going to say this. I'm on the APRN board and one of the things that during the course of...but I'm speaking for myself today. But during the course of the time that the board has been in existence and nurse practitioners have been licensed in the state, we have only had to grant one waiver of a person who could not find a collaborative relationship with a physician. So sometimes it takes some ingenuity and some real education on the part of the nurse practitioner for physicians. But, by and large, the physicians in Nebraska have been open.

SENATOR JOHNSON: Well, I was wondering if there was a fault on the physician's side...

BRENDA BERGMAN-EVANS: I think that...

SENATOR JOHNSON: ...you know where you couldn't find somebody to work with that was the question in my mind.

BRENDA BERGMAN-EVANS: No, I don't think that. This bill really would just help for the person to be able to do the practice that they're prepared to do.

SENATOR JOHNSON: And another one. Just a little bit for the record, but can you describe what medications we're talking about and so on and their use, a little bit more than what Senator Synowiecki did in the bill?

BRENDA BERGMAN-EVANS: The medications that we're mainly talking about are the morphine derivatives, Oxycontin, and oxycodone are the Schedule II drugs. There are pain medications that are Schedule III. The hydrocodones are Lortab, Vicodin, that type of thing, that are usually in combination with Tylenol. But as people, especially hospice patients and oncology patients, usually need a higher level

of pain control that is afforded by morphine derivatives. Also the fentanyl patch-type medications are under Schedule II. The non-narcotic part of Schedule II are Ritalin-type medications.

SENATOR JOHNSON: One last take-off, if I might, sir.

SENATOR JENSEN: Um-hum.

SENATOR JOHNSON: One of the problems, and it's really discouraging, I think, as you look at it, was that every month or so the Board of Medicine and Surgery would supply us all types of practitioners and so on. One of the most discouraging things that you'd see in there is the number of licenses that are withdrawn or modified or put under suspension or some type of action like that. And I guess the thing that's so discouraging to me, as you look at that, is obviously these are a lot of good people who have become addicted to medication, and one of the common ones, of course, is alcohol. But I guess what might be a concern to people on the panel, do you see because of the "easier access" that we're talking about that there would be a danger to nurse practitioners' access, in many ways leads to availability which then makes it easier to become addicted or whatever?

BRENDA BERGMAN-EVANS: Go back to the thing about the present safety system as far as pharmacists are set up. In the state of Nebraska, it's against the law to prescribe for yourself any scheduled drugs, not just Class II scheduled drugs, for yourself or any family member. So certainly the pharmacists are alert for that. And I would not anticipate that this would...I believe that nurse practitioners make solid decisions about any medication. It doesn't matter if it's a narcotic or it's a blood pressure medication. You make decisions based on that patient, and they have to be rational and based in realism. Just because you would have the ability to prescribe it doesn't mean that you would prescribe it more.

SENATOR JOHNSON: Well, and believe me, I'm not thinking that they would be...

BRENDA BERGMAN-EVANS: No.

SENATOR JOHNSON: ...any different than any other good person.

BRENDA BERGMAN-EVANS: No.

SENATOR JOHNSON: But what I am getting at is, particularly when you have multiple small numbers of prescriptions and so on, I think you can see it would be a little easier to shuffle the deck, if you will, and so that was the...

BRENDA BERGMAN-EVANS: Yeah.

SENATOR JOHNSON: ...thing. But I think you answered it well, so...

BRENDA BERGMAN-EVANS: Okay. And I think that this is as the need for care for especially the elderly, the hospice patients, that's a real expanded role that hasn't been as intensive as it once...before. And that's a really good role for nurse practitioners. And this really would be a wonderful tool for us.

SENATOR JOHNSON: Very good. Thank you.

BRENDA BERGMAN-EVANS: Okay.

SENATOR JENSEN: Thank you. Any other questions? Next testifier in support, please?

JOYCE SASSE: Senator Jensen, Senators, my name is Joyce Sasse, S-a-s-s-e. I'm a psychiatric nurse practitioner, a psychiatric clinical nurse specialist, and a certified addictions registered nurse. I'm here today to speak in favor of nurse practitioners and psychiatric nurse practitioners, in particular, being allowed to practice and use Schedule II medications as part of their armamentarium to help their patients. In the western part of the state there are no more than three psychiatrists. There are a lot more nurse practitioners. Nurse practitioners by state statute not only have to have a collaborative agreement with the physician but that physician supervises them in the sense that they staff cases with each other. That's a lot more stringent than just a plain collaborative agreement,

and that is in our state statute and we follow that. I enjoy collaborative arrangements with the physician who works at Catholic Charities. What's interesting, though, is I handle all of the outpatients, he handles all of the in-patients. So, except for when we staff patients, if someone calls him and says, well, Joyce prescribed me this, he doesn't have as good a knowledge of his patients as I do. Now if I have a question, of course I'm going to ask him. That's what the collaborative agreement is all about. I have many patients who suffer from adult attention deficit disorder. This is a devastating disorder that causes people not to be able to pay attention. They have far more accidents, far more problems with keeping jobs, problems with learning, et cetera. I have one medication I can prescribe--Stratera. And that doesn't cut it for many of the patients. I have to go to their family doctor and hope that he will be willing to prescribe it with my input on it. In some cases that's been accepted. In others, it has not. My patients are the poorest of the poor. At Catholic Charity we take anybody off the street whether they have the ability to pay or not. That is my personal place that I want to be. But these people deserve the same quality care as anyone else. They don't have the ability to go and come to me and pay a fee, go to their family doctor and pay a fee, and then have to pay for a medication. They need to be able to have point of service with one practitioner who's following their care, especially in the area of psychiatry. In Iowa, the nurses that I've spoken to have not had a problem with this privilege. Is it an extension of the nursing practice for the APRNs? Yes, but by a hair. We take the same classes as the nurses in Iowa do. As Brenda Bergman-Evans said, I'm no smarter in Iowa than I am in Nebraska. It's just by a specific section of the law. Our patients in Nebraska, especially the patients in western Nebraska who suffer without having many services need to have full-service nurse practitioners working with physicians to help these people. I represent only myself today.

SENATOR JENSEN: Thank you, Ms. Sasse. Any questions? Thank you very much for coming.

JOYCE SASSE: You're welcome.

SENATOR JENSEN: Next testifier, please? Anyone else wish to testify in support? Anyone in opposition?

DALE MICHELS: Sorry, I was here a little late, so I'll try and fill this out real quick. Hopefully they can read that. Good afternoon, Senators. Thank you for the opportunity to testify. My name is Dale Michels, M-i-c-h-e-l-s. And I'm a family physician here in Lincoln. I'm past president of the Nebraska Academy of Family Physicians and the Nebraska Medical Association. And I'm here this afternoon to testify in their behalf, and based strongly on my own beliefs, in opposition to LB 1002. I understand that last year the requirement for a physician assistants or PAs was changed in regard to providing controlled substances. And I understand how the advanced practice registered nurse, APRN or NP, would desire to have their prescribing practices changed as well. This I understand to be the primary thrust of LB 1002. However, I think there are significant differences in the supervision aspects of each physician extender based, to an extent, on their different training. In fact, currently our office employs two physician assistants or PAs. I also have an APRN student precepting in my practice at the moment, and I have been able to lecture and have PA students precept with me once or twice a year for some time, so I have a little experience with the differences. And I see the differences in philosophy, background, training of each profession and how they effect their approach to patient care. I passed out the comparison of the rules and regulations for supervision of PAs and collaboration with NPs taken from the regulations. As you can see, a PA is either in the personal presence of the physician or in a site where there are visits by the physician, regular reporting by the PA, an arrangement for supervision at all times by the physician. As a practical matter, even though I understand that it's not required by the rules and regs, in our office and in the offices of other family physicians that I know of, all charting and patient care provided by the PA is signed off or otherwise reviewed by the supervising physician or the back-up supervisor for every day or perhaps the next day. A nurse practitioner or APRN, on the other hand, must have an integrated practice agreement requiring collaboration and be responsible for supervision, which means consultation and direction of activities. With removal of any restriction on controlled

substance prescribing this proposed by LB 1002, this would allow a nurse practitioner to provide on an ongoing basis controlled substances to a patient or a group of patients without restrictions. In the bill passed last year to extend the prescribing limits for controlled substances by PAs, the supervising physician can determine what limits are in effect for the PA employed by his or her practice. This restriction is not in LB 1002 for NPs, which would create a potential problem for the NP as well as the patient. Let me quickly give you some examples of the issues that most of us deal with in our practice on a regular basis as family physicians. In Lincoln, we're privileged to have an answering service that is used by the majority of the physicians. Recently I received a call requesting pain killing medicines. I refused, since it wasn't my patient, and I was without the chart. I was at home and didn't have the chart but volunteered to go to the office on my way to the hospital to check the patient record and help the patient if I could. Only, we have no patient with that name in our records. So in the meantime, the individual calling used the same phone, which caller ID helped the answering service identify, used different names, and called for three or four different physicians with the same request. In more rural communities an individual can certainly work the system to get larger doses or longer doses for a longer period without that direct supervision requirement. It would be easy to get drugs of potential abuse from multiple people potentially in larger quantities. And you can always change your name if you want to request something. Examples that we've seen in our own practice of people through our office, they're going out of town, they're leaving tomorrow on a business trip at 6:00 in the morning, and they're going out of town for a funeral. They're at work and they can't make personal calls. So those are all excuses that they give us to prescribe or to ask us to prescribe controlled medications. And they call after hours knowing that we don't have their medical record and knowing that with a good story, they may get some pills. However, without the restrictions that are currently in the statute that would be eliminated by LB 1002, the quantities could be higher and the ability for a physician to review would be essentially nonexistent. If a PA in my practice were to consistently overprescribe these medicines, the direct supervision requirement, and the practice agreement would either change

the behavior or change the employment. They would no longer work for me. However with LB 1002, as I understand it, if passed, which I trust you'll indefinitely postpone, there would only be a collaborative agreement, which would not require either the restrictions or the supervisions. So on behalf of good patient care, from my perspective I would prefer you to indefinitely postpone LB 1002. I would be happy to answer any questions, if there are any. Thank you for the opportunity to testify.

SENATOR JENSEN: Thank you, Dr. Michels. Senator Stuthman.

SENATOR STUTHMAN: Thank you, Senator Jensen. Doctor, do you feel that it's something that you have the education, you are a doctor, and that you feel responsible, or is it a fact that the LPNs are not educated enough and you don't want to give them the responsibility, or is it a liability factor?

DALE MICHELS: I'm not sure that the liability factor as would be proposed by LB 1002 would have any effect for me as a physician because it's a collaborative arrangement. It's not an employment agreement with a nurse practitioner. So I see some differences there. I think that in many cases the nurse practitioner or the PAs who are employed by us have the skills that are necessary to do that. My concern is that there are attempts at all times to game the system, perhaps, by people...I won't say patients but by people who get pretty professional at doing this. And I think that under the PA law that you passed last year, there is a relationship which does require direct supervision and sign-off, so that there become other people aware of it. It is possible...I'm not saying that it would be likely...but it is possible that a nurse practitioner under a collaborative agreement, if the physician isn't aware of it and there are no restrictions, could prescribe larger quantities, longer period of time. You know, name changes exist. As I said, the one individual had three different names from the same phone within a period of 20 minutes, all wanting the same drug. So I don't know if that helps or not.

SENATOR STUTHMAN: Yes, that answered my question. You know, I personally didn't realize that that type of an

action was going on but I guess I'm naive and I'm just a country farm guy and I don't think, you know...

DALE MICHELS: No, unfortunately it happens in the country as well as it does in the city. We just maybe had a little better method of tracking it on that particular instance.

SENATOR STUTHMAN: Okay. Thank you.

SENATOR JENSEN: Senator Cunningham.

SENATOR CUNNINGHAM: Hi, Dr. Michels.

DALE MICHELS: Hi.

SENATOR CUNNINGHAM: In the instance, you maybe changed it a little bit but what would make...if you were a doctor practicing privately, there was no one else in your office or you had a nurse practitioner in an office, what would make the doctor or the nurse practitioner, either one, be better at catching fraud?

DALE MICHELS: I'm not sure that there is a way for us, Senator Cunningham, to say that one or the other of us is going to be better. We all have to have somewhat of a high index of suspicion. The issue that I see is that if a nurse practitioner student practiced with me, and as I say I have a nurse practitioner student, practiced with me, there are two people looking over that encounter, if we say, that patient encounter where they come to see me or those phone calls or whatever it is. It's interesting because I asked the nurse practitioner student yesterday if she heard me on a conversation to ask to make sure I had the rules and regulations for you, and she says, quite honestly, I would just assume it was limited to three days because then I can say, sorry, that's all I can do. I can't go any further, because some of these patients do become somewhat demanding and that sort of thing. The issue with direct supervision to me makes all the difference in that there is at least one more person to catch it. Much as I would like to rely on the pharmacies, patients at least in the more urban communities, they change pharmacies. You know, they don't have choices of three pharmacies in Wausa unless they're going to drive either to Plainview or drive to Laurel or

wherever it might be. But in our area, you know, they just switch around pretty quickly.

SENATOR CUNNINGHAM: But see, that's kind of the same problem I have with the availability of services in rural areas. I mean, do you have any examples of any problem there's been with nurse practitioners that have prescribed wrong medicines or inappropriate medicines for any reason?

DALE MICHELS: Well, you know, I suspect that all of us in medicine at some point in time have prescribed something that after we look back, we would have done a better job with a different medication. So I don't know that we're or that I'm as concerned about the fact that I have tremendous instances of, oh, they prescribed the wrong drug or they shouldn't have done that. To me the issue becomes the issue of being able to supervise some potentially fairly dangerous drugs and have a second person. If you count the pharmacist, then we're a third person in the loop to try and make sure that adequate care is maintained and that, as much as possible, the system is not abused. I'm not going to say it won't occur.

SENATOR CUNNINGHAM: What's always difficult for us and some of us on the committee are rural senators and we always worry about the availability of services, so we always have to differentiate what is an actual problem for the consumer...what's really a problem for them...and what's just a turf battle between different types of practitioners. And that's where I come from. And I got to try to read between the lines and figure this out.

DALE MICHELS: And I understand that issue, you know, having grown up in a town of 1,000 people, you know, the services we had available weren't always the services that were available...well, still aren't in Norfolk or in Lincoln or in Omaha. So I understand what your concern is. In most of those situations, under the PA law, and we have a PA who goes...we have a rural clinic out in Ashland, if you want to call that rural. To me, it's rural.

SENATOR CUNNINGHAM: The lake? (Laughter)

DALE MICHELS: Well, we're not quite at the lake, yes. Our

feet haven't gotten wet yet but they may someday. But in any event, you know, there is an element of supervision. When I come to that office after the physician assistant has been there by herself, ours happens to be female, I review all of her charts. I sign off on them. There is a level of responsibility that I take to make sure that what she has done is correct, and she has a level of responsibility because she also knows I'm going to look at it. So in those kinds of situations, I don't think it's about availability necessarily because, you know, it's just about responsibility and the accountability, I guess would be the term I would use in that situation.

SENATOR CUNNINGHAM: Well, thank you. I haven't seen you being the doctor of the day yet this year, have you?

DALE MICHELS: I've been there once but it was only the second day and it was bill introduction day, so...

SENATOR JENSEN: Yes, Doctor...Senator Johnson.

SENATOR JOHNSON: Well, I guess it almost applies, the doctor, because I think that we should correct something here and give our people that are interested in this bill their due. My colleague, Senator Stuthman, referred to them as LPNs, and so, Dr. Michels, I can ask you a series of questions so that we give these people their right position here. Can you tell me the difference between an LPN, an RN, and an advanced nurse practitioner?

DALE MICHELS: Well, I'm not sure I can give you all of the training requirements...

SENATOR STUTHMAN: I realize that but...

DALE MICHELS: ...but they are a progressive scale...

SENATOR STUTHMAN: ...in what pecking order would they be?

DALE MICHELS: Well, a licensed practical nurse is just that. Someone who's trained in the practical aspects of nursing who we, as a state, have chosen to license, to make sure that there are certain criteria met. A registered nurse has additional training, is trained a little bit more

in the physiology, the background, the information that goes into the medical decisions we make. And an advanced practice registered nurse, or nurse practitioner, there are several different terms. I think the law may even be changing from APRN to NP, but has gone beyond that RN degree to get some additional training and clinical aspects of caring for patients. And so they have again a higher level. We use them to help us in making diagnosis or for them to make diagnosis. We use them to monitor care, ongoing chronic illnesses. I believe the initial speaker talked about the hospice issue. They're used in hospices to provide care from that standpoint. So they have a higher level of training. Do they have the same level of training of those of us in family medicine? No, I don't think so. But they have a higher level of training. They work well. They're part of the healthcare team. That's not the issue. We're not asking that they suddenly not become a part of the healthcare team because they're an important part of it.

SENATOR JOHNSON: But it would be a fair statement to say that they're at the top of the nursing profession, basically. That...

DALE MICHELS: I guess you would...the Ph.D. in nursing might argue with you about whether she or he is at the top with his Ph.D. or whether the APRN is at the top but from a clinical standpoint, I would put them at the top, yes.

SENATOR JOHNSON: All right. Fine. Thank you.

SENATOR JENSEN: Thank you. Any other questions? Having been, last June, on Oxycontin, I can't imagine anybody taking that willingly but (laughter)...anyway, I know it happens. It happened to a former senator here and so...

DALE MICHELS: Unfortunately, there are some people, like you, Senator, who want to get off of it as quickly as possible, or even refuse to take it after the first one. And there are other people who would like to have me prescribe 200 of them at a time.

SENATOR JENSEN: I understand that. Well, I don't understand that but I know it happens. Any other questions of Dr. Michels? Thank you again for coming.

DALE MICHELS: Okay.

SENATOR JENSEN: Anyone else wish to testify in opposition? Any other in opposition? Anyone in neutral testimony? Seeing none, Senator Synowiecki, do you wish to close?

SENATOR SYNOWIECKI: Thank you, Senator Jensen. Just briefly, I appreciate Dr. Michels coming to the committee and testifying. Although I think it is a bit unfortunate that we might degenerate into kind of a turf battle type of issues here, there are delineations between the physician assistant and the nurse practitioner arrangement. I think we need to remember that nurse practitioners are autonomous, independent practitioners and there's not a marriage, if you will, within the employment infrastructure between a nurse practitioner and a doctor. There is a collaborative relationship, not an employment-based relationship there. I think we need to delineate that. Along them lines, the good doctor spoke to the relationship with the physician assistant in that it's a physical relationship where they oftentimes work within the same office, and they often intersect physically during their delivering their care. Well, that's precisely why I bring the bill is because out in the rural areas of our state, we don't have that availability. We don't have that access. We have...if you look at the methamphetamine treatment study done by Dr. Hank Robinson, he will affirm that we have a huge problem in our state with deficiencies, particularly in the psychiatric area, with Ph.D.-level physicians. So that's precisely why I bring the bill is because we don't have the luxury of nurse practitioners working alongside and physically with Ph.D.-level trained medical professionals. And that's precisely why I bring the bill, in that it is an access issue. It's not a turf issue. This is an access issue for the people of our state, so that they can, in a timely manner, access the services that they need. And finally, a lot of testimony was given here today in what other states do relative to the scope of practice for the nurse practitioner, and in particular, our neighboring state, the state of Iowa. They have this ability, the nurse practitioner. I am not aware, and we have researched it...I am not aware of any extensive problems whatsoever with the nurse practitioners in the state of Iowa having the same

scope of practice that's embodied and included on LB 1002. So thank you, Senator Jensen.

SENATOR JENSEN: Thank you, Senator. Any questions? Thank you. That will close the hearing on LB 1002. Senator Johnson, if you will act as Chair, I'll introduce LB 953.

LB 953

SENATOR JENSEN: (Exhibit 1) Senator Johnson, members of the Health and Human Services Committee, for the record my name is Jim Jensen. I represent the 20th District in Omaha, here to introduce LB 953. I have been for a long time a strong supporter of the Rural Health Advisory Commission and of rural health needs in this state. I've also distributed a copy of the commission's annual report on activities of two incentive programs authorized by the Rural Health Systems and Professional Incentive Act, the student loan program and the student loan repayment program. The commission is concerned that rural health loan repayment program, although effective, could even be more effective as a tool to recruit and retain rural healthcare providers in Nebraska. LB 953 increases that amount that may be paid annually for student loans under the act from $10,000 to $20,000, the maximum annual loan repayment for physicians and dentists and psychologists, and the bill increases from $5,000-$10,000 the maximum annual loan repayment for physician assistants, advanced practice registered nurses, pharmacists, physical therapists, occupational therapists, and mental health practitioners. There is also an amendment that should you approve the bill, that would actually increase this...well, it wouldn't increase it but it would then take the maximum from $20,000 a year, a total of $80,000. And then also for the nurses from $10,000 a year to $40,000 in a four-year period. But we can discuss the amendment at a later time. That is the essence of the bill. Yes, there is an A bill to this that you need to look at also. There are members of the commission here that will offer testimony regarding this bill and offer some comments and suggestions also. With that, I'll conclude my opening and answer any questions.

SENATOR JOHNSON: (Exhibits 2, 3, 4) Any questions? I see none. Could we have a little poll here for testimony? How

many are pro or proponents? A significant number, half a dozen. Opponents? I see none. And neutrals? All right. Let's go ahead with the proponents. If I might, while you're getting ready, there are three letters. I believe that they're all in support: one from the Nebraska Hospital Association, the next one is the Nebraska Psychological Association, and the third one is the Nebraska Academy of Physicians Assistants, all in support of this bill.

LINDA LAZURE: (Exhibit 5) Good afternoon, members of the Health and Human Services Committee. I'm Dr. Linda Lazure, L-a-z-u-r-e. I'm chair of the Nebraska Board of Health and I'm also associate dean for student affairs at Creighton University School of Nursing. I'm testifying in favor of LB 953. It's an act, as you know, changing the provisions of the Rural Health Systems and Professional Incentive Act. The Nebraska Board of Health is comprised of 17 governor-appointed members representing chiropractic, dentistry, engineering, hospital administration, medicine, mental health professionals, nursing, optometry, osteopathic medicine, pharmacy, physical therapy, podiatry, and the public. I review this information because the Board of Health takes this endorsing legislation very seriously, since there must be agreement among the members. And only a handful of bills are selected for active support, and LB 953 is one of them. The Board of Health supports increasing the matching state community funds available for repayment of qualified educational debts incurred by physicians, dentists, advanced practice registered nurses, or physicians assistants who agree to practice in an approved specialty in a designated health profession shortage area for at least three years and to accept Medicaid patients in their practices. And while the receipt of such funds is greatly needed, the physician members of our Board of Health urged that I mention that the health professionals' tax burden be taken into consideration and that perhaps tax-exempt status be considered. The Board of Health urges the Health and Human Services Committee to consider LB 953 positively and send it to General File. The board is ready to assist members of the committee if you do need any help or assistance. Thank you.

SENATOR JOHNSON: Thank you. Hold on one second. Do we have any questions?

LINDA LAZURE: Great escape.

SENATOR JOHNSON: I see none. Thank you very much.

LINDA LAZURE: Okay. Thanks.

DAVID O'DOHERTY: (Exhibit 6) Good afternoon, members of the Health and Human Services Committee. My name is David O'Doherty, O-'-D-o-h-e-r-t-y. I'm the executive director of the Nebraska Dental Association, and we're here to support LB 953. Twenty counties have no dentist. Ten counties in Nebraska only have one dentist and 17 counties have two dentists. The Governor's Rural Health Advisory Commission has designated a total of 53 of our 93 counties as dental shortage areas. We currently have 11 dental students in the student loan program with a lot of interest in rural locations. However, we need the incentives to make sure dentists open their dental offices in these communities. LB 953 will assure the incentives offered to recent dental graduates are more closely aligned with their debt load and they can afford to open a business in these communities. The Nebraska Dental Association is partnering with the Department of Health and Human Services and the College of Dentistry to create a position of dental practice coordinator whose primary function will be to coordinate and match graduating dental students and Nebraska dentists together for the purpose of placing new dentists in rural Nebraska to fulfill their Nebraska student loan obligations. The passage of LB 953 will allow the loan repayment program to be competitive in attracting dentists to the rural locations and assure the future economic viability of these communities. Therefore, the Nebraska Dental Association strongly supports LB 953. Thank you.

SENATOR JOHNSON: Any questions of...I guess you're home free. (Laughter) Next, please.

DONALD FREY: Good afternoon. My name is Dr. Donald Frey, F-r-e-y. We're here wearing a couple of hats. One, I'm chair of the Department of Family Medicine at Creighton University in Omaha. I also serve, have the privilege of serving as chair of the Rural Health Advisory Commission. I'm here to speak on behalf of LB 953. I think it's been a

program over the years, the Nebraska loan repayment program, that's been enormously successful. The Rural Health Advisory Commission takes very seriously our jobs as stewards of money. When you look at the program, which was first funded in 1994, what we find is that over the years a total of 60 communities in 59 different counties have had physicians arrive in those communities by virtue of this loan repayment program. Over 90 percent of all those participants, in fact, finished their three-year obligation to those communities. When the bill was first in place in 1994, and the first match of money was made, the maximum amount of money that any student could have repaid for their loans...and again, we're talking about loans that they get from a commercial lender, from a government program, but they're their loans. They're obligated to pay them back. Through this program they could get a total, a maximum, of $60,000 of that loan paid back; $30,000 of that is from state money; $30,000, though, would have to come from the community to which they were matched and where they agreed to practice. During that time, this worked well. But initially in 1994, the average Nebraska medical student had a debt of $60,000. Over the years, that's changed and changed dramatically. Today the average medical student graduating in Nebraska has a debt upward of $140,000. And we know there are some medical students who are coming out of med school upward to $250,000 in debt. We see this reflected then by the number of students who are actually participating in this program because people are looking for ways to pay this money back. Many of them are looking at other programs outside practicing in a rural area and having those loans forgiven through that fashion. Basically what we find is from 1996 to 2001, we had an average of 12 loan repayment participants per year. By 2005, that had dropped down to 6 per year. In fact, this past year we had two students who had originally agreed to go to a rural community for the loan repayment program who, in fact, changed their mind at the last minute because some urban hospitals in some of our largest cities were willing to take over their entire debt and pay it all off because those urban areas were so desperate to receive family physicians. With this working against them, many rural communities find it extremely difficult, extremely hard to get rural physicians. What we are asking is that LB 953 be supported, that, in fact, the amount be raised not only in terms of

what we are able to repay to students but also the cash spending authority be there to allow that the rural communities who actually contract with these young people can, in fact, raise that. So the total would go up from $60,000, in terms of a match, upwards to $120,000 with, in fact, those communities that have gone out to recruit these young professionals to basically pay their fair share of that in the process. Again, we feel this is an enormously successful program. Again, I speak from the standpoint of my position as chair of the Rural Health Advisory Commission. I think, though, that it's very important that you hear from the vice-chair of that commission, who is not an academic person like me but rather someone, Mr. Roger Wells, who is a physician's assistant in St. Paul, Nebraska, who is actually out there practicing and can tell you firsthand how difficult it is to work in the current environment and, in fact, to recruit and bring in additional healthcare professionals under the current environment.

SENATOR JOHNSON: Are there any questions of Dr. Frey? Yes, Senator Stuthman.

SENATOR STUTHMAN: Thank you, Senator Johnson. Dr. Frey...

DONALD FREY: Yes, sir.

SENATOR STUTHMAN: Even if we would advance this and pass this, do you think that would be something that the dentists would look at as far as going to the rural communities or would there have to be some other attraction to get them to the rural communities? That's the thing that concerns me, you know. A lot of people, their wives don't want to go out into the...where there's very few people in those communities because we're looking at 47 counties total that have two or less dentists...two or none.

DONALD FREY: Absolutely. I can't speak with the degree of authority that the representative from the Dental Association certainly can address that with. However, getting professionals of any sort to a rural area is, in fact, a multifaceted task. You're absolutely correct. We can't remove every barrier but when it comes to the debt, and some of our young professionals do have enormous amount of debt, and, yes, I know, many of them are going to make

money...more than they every dreamed of making. But on the other hand, they're going to make a lot less money than they can make in a big city. And right now, we can't do anything to change how their wives feel. We can't change anything about how they feel about a rural area. But if they are inclined to go there, if they have a love for a rural area, if they happen to be married to someone who's interested in going to a rural area but the only thing holding them back is that debt, sir, I think that's something we can change and I think we should if we possibly can.

SENATOR STUTHMAN: Thank you.

DONALD FREY: Thank you. Yes, sir.

SENATOR JOHNSON: I just wanted to make one comment, is that I remember a person that I had a great deal of respect for called my attention to one thing in regard to these types of programs, which I think is worth mentioning. And what it is is this, is that if you put people out in these various fields with tremendous debt, if you look at one of the major causes of white collar crime it's tremendous debt, for whatever reason. And that it may take various forms from what we might think of as white collar crime but it could mean that extra visit to the doctor that they don't need, an operation that maybe they could get along without, and so on. So the concern of this distinguished gentleman is that the tremendous debt was just one more problem in the decision-making process, and I want to eliminate it or make it as reasonable as you can. Thank you. Any other questions?

DONALD FREY: Thank you.

SENATOR JOHNSON: Thank you.

ROGER WELLS: Good afternoon. My name is Roger Wells, W-e-l-l-s. I'm in St. Paul, Nebraska. I'm a physician assistant and the vice chair of the Rural Health Advisory Commission. I'm here to speak, I'm pro for LB 953. As a physician assistant in a rural community for over 18 years, I've seen a lot of initiatives for rural healthcare. I've spent a number of years on the Rural Health Commission and feel this is very, very advantageous for the state of

Nebraska. I would like to thank Senator Jensen for the support of this initiative because it's within a 90 percent success rate of having individuals at least three years in a rural health community. With buyouts at $198,000, it is very difficult for us to compete with a $60,000 total amount of money to entice people to come. At this time, in our clinic alone, in a town of approximately 1,500 people, we have three providers who were offered this particular activity and only one committed to it. In his comments before me coming today, before I left today, excuse me, in the clinic he says, do what you can because at this time, right now, you do not hardly make the payment for the interest on my loans. That is why I'm here to give you a honest perspective of what's really going on on patients with high debt, two children, a new practice, the wife wants to stay at home because they believe in that type of activity, they've chosen that activity, and to be able to continue forward. Two of the other providers elected not to participate because the loan amount was so low that they felt restricted because of penalties and buyouts that they could actually do better without it, which is a negative connotation. When a great initiative is utilized in a positive way, we find a healthful community. Looking at Rushville, Nebraska, who lost their last physician, closed the hospital, closed the nursing home, closed the pharmacy, and finally closed the satellite clinic, the town has been devastated. For financial reasons, the healthcare community remains as one of the highest initiatives for maintenance of financial sovereignty in the rural areas. And I encourage you to utilize this form, to continue with it, because it's been so successful in the past. As for going out into the rural community 18 years ago, financing any way I could to get my loans, I actually went to a farmer trying to find and split the difference between having a loan from a bank and what he would get from his safety deposits that he had was the way I financed myself. This would have been much, much better for me. And I still guaranteed my 18 years. I would be happy to speak on these real life stories for a long time but don't think it's necessary, just understanding that we are only paying, in some respects, the interest on the loans. That is very important, as well as the sovereignty of the ability for a healthcare community to stay in that town, that keeps the town alive. Thank you.

SENATOR JOHNSON: Any questions of Mr. Wells? I see none. Thank you.

ROGER WELLS: Thank you. Good to see you again.

SENATOR JOHNSON: Good to see you. Next? Hello.

JONI COVER: (Exhibit 7) How are you? Good afternoon. My name is Joni Cover. It's C-o-v-e-r. And I'm the executive director of the Nebraska Pharmacists Association. And I appear today before you in support of LB 953, and I really would like to echo a lot of the things that already have been said. The map that I handed out was derived from the Health and Human Services Web site that the Rural Health Advisory Commission had put together. And of the 93 counties, you can see that 63 of the counties in their entirety, and 6 partial counties have been designated as pharmacist shortage areas. And so we would like to applaud Senator Jensen and thank the state of Nebraska for recognizing the fact that we do have a shortage of pharmacists in this state. In light of what's going on with Medicare, Part D, right now, I can tell you we'll probably have a shortage of pharmacies in the state before too long. (Laughter) It's funny but yet it's a reality. We've already had one close in Crawford, Nebraska, and it could be very much a reality in some of the other small communities as well. So, with that, thank you for your consideration. We would again offer our support for LB 953.

SENATOR JOHNSON: Thank you. Any questions?

JONI COVER: Thank you.

SENATOR JOHNSON: Thank you very much. Sir?

CURTIS KUSTER: (Exhibit 8) My name is Curtis Kuster, K-u-s-t-e-r, and I'm assistant dean for admissions and student affairs at the University of Nebraska Medical Center College of Dentistry. And I, too, am here to support LB 953. As has been stated numerous times, I'm not going to take a lot of your time, but first would like to thank Senator Jensen for introducing this bill and would like the senators to look closely at this bill. There's some facts and figures that basically have been stated previously, and

I will just make note of one. It has been previously noted what the average graduating debt from medical school is in the state of Nebraska. This lists the average debt for a graduating senior dental student from the University of Nebraska. I cannot speak for Creighton, but it is $120,729, as you can see. I think the couple seconds I will take, I'd like to maybe answer your question you asked about dentistry and would this be helpful. And I certainly will stand to say, yes, it will be. As stated in our little fact listing here, the College of Dentistry certainly has a goal to promote rural practice for the very reasons that we've talked about, and we work in conjunction with the Nebraska Dental Association, HHS, and so on to promote through the curriculum and a variety of other kind of programs. And in the little bit that can be added armamentarium of talking to students and showing the facts and figures and the benefits of practicing dentistry in rural Nebraska is beneficial. And there's no question this bill would be greatly beneficial in giving, sometimes, that little bit that'll just go over the corner. So with that, I appreciate your considering this bill.

SENATOR JOHNSON: Any other questions? Thank you, sir.

CURTIS KUSTER: Thank you.

SENATOR JOHNSON: Any other proponents? Any testimony against? Any neutral? Senator Jensen, you wish to close?

SENATOR JENSEN: Thank you very much for consideration of LB 953. You know, nobody wants to run up any more debt than they absolutely need. We all know that going to any higher education is a very expensive thing to take on. But if a rural community, and if we as a state, can in any way induce individuals in the healthcare profession to go back to the rural community...and many of them, that's where they originally came from...and allow them to do that and pay for that indebtedness, I think it's a win-win situation. So I would certainly encourage the advancement of LB...

SENATOR JOHNSON: 953.

SENATOR JENSEN: Thank you very much. (Laughter) And with that, I'll close and open on the next bill.

SENATOR JOHNSON: All right, that's the end of...we have one comment over here.

SENATOR CUNNINGHAM: Just a quick question, Senator. The $20,000 that it's going up to, is that $20,000 between the two collaborating, the state and the other entity, or is it $20,000 each?

SENATOR JENSEN: No. I don't believe so.

SENATOR CUNNINGHAM: You think it's total?

SENATOR JENSEN: No, no. No, it's individual, to my knowledge. I could stand corrected on that, but to my knowledge. And there is an amendment that if you so desire we'll enter into. Okay?

SENATOR JOHNSON: All right, the end of the hearing on LB 953. We'll proceed with Senator Jensen on LB 949.

LB 949

SENATOR JENSEN: (Exhibits 1-7) Thank you, Senator Johnson. And again, for the record, my name is Jim Jensen representing District 20, here to introduce LB 949. This is a bill that was brought to me by a group of dedicated and knowledgeable individuals who've been working for some time on the issue of establishing a statewide immunization registry. This really came to a point with the Hurricane Katrina when we had a number of evacuees that came to our state. And right in Omaha at the Civic Auditorium, a number were brought in and one of the best things was Louisiana had an immunization registry. So these young kids, when they came in, we could simply dial up Louisiana, find out if these kids had proper immunizations, and it was all there before us. And then, also, we look at where we are in this world today after 9-11, and also with the avian flu, and some of the other things that present us, and then just the nature of our society. We are a mobile society. We have people that are moving throughout the state, throughout the United States, into different communities. We also, unfortunately, have occasionally a breakup of marriage and

families and pretty soon the child, when he goes to school and the nurse or whoever asks, have you had your smallpox, have you had these immunizations, and many times the kid doesn't know. The family doesn't know or they can't remember. Of course, you sure don't want to duplicate those immunizations if you don't have to. The registry must be accessible to the public and private immunization providers and must comply with all applicable national standards, federal and state laws, rules, and regulations. The department is required to consult with interested parties and submit a plan for statewide immunization registry to the Governor and the Legislature by December 1, 2006. The bill proposes for the registry practice registered nurses, physicians, physical therapists, occupational therapists...I've got part of another bill here. I'm sorry. But the registry would be then established after the Governor and the Legislature, brought back to them in December of 2006. I just might mention to you, other states near us have adopted immunization registry technology including Iowa, and have seen improvements in immunization rates across its entire state, which is something that certainly we should all be looking forward to. Once the registry is implemented, benefits such as recall notices, immunization rates, adverse reactions are at the physicians' fingertips. In case of an epidemic, those persons not immunized can be found and notified easily. It is estimated that it costs $15 in employee costs for every immunization record to be filled out. And I've heard of nurses and others making phone call after phone call trying to find out if their patient or client before them has any kind of immunization. This is uncompensated cost that occurs several times in a week in an average doctor's office. A registry system also would aid us in meeting the CDC's Healthy People 2010 goals, and improving vaccination rates for influenza and many other vaccines. With that, I will conclude my testimony. There are those behind me who would also testify for LB 949.

SENATOR JOHNSON: (Exhibits 1-7) Thank you. Any questions for Senator Jensen? Could we have a poll at this time for this bill? How many will testify in favor? Make it short. It's Friday, (inaudible) afternoon. And how many opponents? I see none. Neutrals? One? Okay. One of the things, as you're preparing your testimony, let me state that there are

several letters here from the Family Medical Center in Hastings, Nebraska; Academy of Physicians Assistants; the chair of the Metro Omaha Task Force on Immunization. This is from Jonah (phonetic) Beck who has worked with this child-care problems. There's a letter from Barb Shald from Gordon, Nebraska, and a few more. This one is from Associate Professor Archana Chatterjee, I believe it is, who's a professor of pediatrics at Creighton. We have the Association of Professionals in Infection Control and Epidemiology in Omaha; and last but not least is a letter from the Health Department of the City of Lincoln.

LINDA OHRI: (Exhibit 8) Thank you, members of the Health and Human Services Committee. My name is Dr. Linda Ohri, and that's O-h-r-i, and I am testifying in support of LB 949, and I am representing the Nebraska Immunization Registry Coalition. And we have attached to our letter, which you have there, a listing of the membership from this coalition with the intention of showing you that this coalition has sought to obtain input and support for this concept for people throughout the state and have had a lot of interest from immunization providers and those who use immunization records, such as school nurses, et cetera, from across the state. I'm not going to read the letter that we provided to you but I'd like to just hit a few main points from that relative to the reasons for an immunization registry. We are in support of having a comprehensive, Web-based immunization registry available to our citizens that is available for input from both private and public providers. We currently have two public system registries in the state. One covers all of the state, except Lincoln-Lancaster. The other covers the Lincoln-Lancaster area. But across those two registries we basically only have access to records for somewhere around 20-30 percent of the immunizations that occur in the state for children. The Healthy People 2010 goals are to have over 95 percent of children who are less than six years of age represented in an immunization registry. Currently there are 40 states in the country that have made very good progress to that. Nebraska was really one of the first states in the country that initiated the first public registry, and I think did a wonderful job at doing that. Unfortunately for funding and a number of other reasons, we have not been able to advance that system, and that's the goal of this bill is to do the

planning so that we can advance that system to make it available for vaccine providers who are in the private sector as well as those who are in the public sector. We understand that the current systems probably cost somewhere between $300,000 and $400,000 a year to maintain. We have done research and in communication with the National CDC Registry Support Division that shows that probably maintenance of a system that would involve all providers in the state could be done for in the neighborhood of $600,000. So from a purely cost-effectiveness standpoint, we are spending a lot of money for not having a system that is up to date and can serve our needs. So this is another reason, I think, to make that step forward. There has been some concern from some members of the coalition about the aspects of the bill in terms of not providing funding. We have been involved in our work within the coalition in talking with the immunization registry support division at the CDC, in looking at the literature that is available now over the last three or four years from around the country, as to what the successful immunization registry systems are doing, how they got funded, how they've developed their programs, and then we conducted a survey of both successful programs in the country and of those who are developing their system more closely to where we're at at the current time. And the second sheet of paper that I have given you are two slides that outline some of the funding options that should be considered during the planning process and examples of potential partners who can assist the state in identifying funding sources for this. I would mention that we've gotten some fairly direct input from the CDC Registry support people that they would entertain requests for additional funding, as long as Nebraska pursues the development of a plan for how they would go about development. That is all I have to say. If anyone has any questions...

SENATOR JOHNSON: Very good. Any questions? Thank you very much. Well done.

LINDA OHRI: You're welcome.

CYNTHIA TIEDEMAN: (Exhibit 9) Hello. I'm Cynthia Tiedeman, T-i-e-d-e-m-a-n, and I'm a member of the Nebraska School Nurses Association, and I am a school nurse with the Omaha Public Schools. I brought a letter from the president of

our school nurses in Nebraska from Hemingford School, and then I would just like to make some comments from my perspective as a practitioner. The registry would offer great assistance to school nurses who are responsible for assuring that all students are immunized according to state law. Hundreds of hours are spent by Nebraska school nurses retrieving immunization records for children. A registry would allow this responsibility to be achieved in far less time allowing nurses more time to serve the ever-increasing student health needs. A registry would also prevent unnecessary student exclusions from school while immunizations are being sought. Lastly, an immunization registry would prevent duplication of shots to children, which has both health and cost implications.

SENATOR JOHNSON: Any questions? Thank you very much. Next please?

NANCY SHIRLEY: (Exhibit 10) Good afternoon, Senator Jensen, and members of the Health and Human Services Committee. My name is Dr. Nancy Shirley, S-h-i-r-l-e-y, and I'm president of the Nebraska Nurses Association here to testify for support of the provision of a statewide immunization registry. Many of the things I have on the written comment have already been said about the importance of the intent and the need to know and the need to conform to national registry standards as well, going beyond our own state needs, but being able to be part of a larger system. We strongly support these legislative components that refer to the voluntary private provider participation, and we do believe that any proposed system must contain a plan to both strongly promote and support the private providers in order for them to participate to the maximum usefulness of the registry. We would also encourage development of partnerships with the school system, as we've heard from the school nurses, and school systems not just K through 12 but looking at college and university levels. That is so important to know what is happening. Many of you will probably remember back to 1990 when we had a measles epidemic and it started at the college level and, you know, needed to look through those records as well. The last is that we, indeed, represent nurses that are deeply involved both in prevention of disease and administration of immunizations. A key aspect of our mission statement as

Nebraska nurses is to work for the improvement of health standards and the availability of healthcare services for all people. And I would assert that the initiation of a comprehensive Web-based immunization registry system, as proposed by LB 949, is an essential step in such healthcare across our state.

SENATOR JOHNSON: Any questions of Nancy? Thank you very much. Next please?

DENISE KUBIK: Senators, thank you for your time this afternoon. It's an honor to be able to speak to you. My name is Denise Kubik, K-u-b-i-k. I'm the immediate past chair of the Metro Omaha Immunization Task Force, and I'm here on behalf of this task force which is approximately 45 members. We represent about 28 community organizations and five counties: Douglas, Sarpy, Cass, Dodge, and Washington. Our goals as a coalition are to improve immunization rates, to educate public and professionals about current immunization issues, and to promote the need for lifelong immunizations. We would like to voice our support for LB 949 to establish and maintain a statewide immunization registry. The benefits that I have listed I would just reiterate all of them that Dr. Jensen said. We practically had everything the exact same. I just wanted to add, it would really help consolidate vaccination records of children that see multiple providers. And again, too, that the school systems have access to updated information on immunizations where they don't have to call the doctor's office and they don't have to look up that information. It would just be right at their fingertips. Again, I think it would benefit us to go along with the national health objectives of Healthy People 2010 and have a Web-based registry in the state of Nebraska. Currently, there are 74 percent of the states that already have a registry and, again, our task force would like to see our state become one of those. Thank you for your consideration in making Web-based immunization registry a reality in Nebraska.

SENATOR JOHNSON: Any questions? I see none. Thank you. Next please.

CAROL ALLENSWORTH: (Exhibit 11) Good afternoon, committee members. My name is Carol Allensworth. I'm the division

chief of the Health Data and Planning Section of the Douglas County Health Department, and I've been involved with the immunization registry effort since its inception in the early 1990s. And I welcome this opportunity to come before you today to speak on behalf of the Douglas County Health Department regarding LB 949. The Douglas County Health Department is testifying today in support of LB 949, which provides for the Nebraska Health and Human Services System to develop a plan to establish a comprehensive statewide immunization registry that meets national registry standards plus is accessible to all immunization providers, both public and private. The state of Nebraska currently has an immunization registry. It's name is ImmuNet Nebraska for the public immunization clinics. The Douglas County Health Department administers this immunization registry under contract with Nebraska Health and Human Services. The registry contains over 3.6 million immunizations that have been administered to nearly 364,000 children in the state of Nebraska since 1992, and all public immunization clinics plus a very few private providers in the state, except one public provider, participate in the registry at this time. Although a great deal of progress has been made in immunization registry efforts here in the public sector, the current registry system is not at this time available to private providers. Why is that? Because the system is not centralized. It's not Web-enabled. It doesn't meet the current immunization registry standards. And most important, it's built on outdated technology. And that outdated technology is really not compatible with some of the really complex systems that we see in the private sector today. At the time that the system was implemented, the proportion of immunizations that were given in the public sector was about 40 percent. Because of changes in the way we do healthcare and the medical home concept now, you know, you're seeing maybe 19 percent of immunizations given in the public sector. And that means that only about one-fifth of our children are benefitted from the benefits of an immunization registry, which several people here have already spoken to. One piece I wanted to add to that is that immunization levels among children are a really important indicator of the health of our communities. And if we had a comprehensive system, we would be able to measure the immunization levels of all children in the state of Nebraska. We can now measure the immunization levels of

children visiting the public clinics but we have no way of comprehensively looking at immunization levels across the state, and the information in a comprehensive registry would allow us to do that. And so, as I said, a lot of other people have talked about the benefits so, kind of in conclusion, the Douglas County Health Department we have been actively involved in immunization registry efforts for the last decade. We're committed to pursuing a comprehensive registry in the state of Nebraska. We think the foundation has been laid. We need to capitalize on that, and that Nebraska children, parents, and providers are really not going to realize the benefits until we have everybody involved, both public and private. So the passage of LB 949 will provide Nebraska at least with the legislative support and commitment necessary to plan for an updated registry compatible with current technology that can be used by all providers, public and private. Thank you.

SENATOR JOHNSON: Thank you. Senator Stuthman, do you have a question?

SENATOR STUTHMAN: Yes. Thank you, Senator Johnson. Carol, this current public registry...

CAROL ALLENSWORTH: Yes.

SENATOR STUTHMAN: ...that's been in effect since 1992?

CAROL ALLENSWORTH: Well, the registry effort started about 1992. The registry itself was really put into place about 1996, 1997, but it contains records...we entered records of children back, you know, who received immunizations from 1992 forward.

SENATOR STUTHMAN: And the reason I'm asking this is I was with East Central Health Department in Columbus, and we had the problems of the possibility of overmedicating kids of the Hispanic...

CAROL ALLENSWORTH: Right.

SENATOR STUTHMAN: ...not knowing when they worked at Lexington, when they worked at Columbus, Schuyler...

CAROL ALLENSWORTH: Right.

SENATOR STUTHMAN: Did they enter that in the registry or was that accessible to the public health providers?

CAROL ALLENSWORTH: If it was given in the public clinics. And then if that child has ever visited a public clinic, one of the recommendations for a public clinic is that they obtain the child's previous immunization history. So once they get that previous immunization history, they will add that to the record and it will show on the record that the public clinic didn't administer those immunizations but they will have a complete record. And the way the system is set up at this point in time, if I'm in a public clinic in one county and I receive immunizations, okay, that resides on a computer in that clinic, which is then sent to a central place, okay? And it takes human pushing a button and doing some work to get it sent into the centralized place. Then if they show up at a different public clinic in a different county in the next few days, as long as it's been sent to the central registry, then that public clinic can access that. Now most registries at this point in time use a Web-enabled system where you're all working out of the same database. And that way you have real-time entry and real-time access from the time the person enters.

SENATOR STUTHMAN: Thank you.

SENATOR JOHNSON: Do you have a question?

SENATOR HOWARD: Well, not really a question but I wanted to tell you how much I appreciate the work that Douglas County does with the immunization program. And when my children were small, they had many of their vaccinations through that program. When my baby left for law school, she took her little blue card with her to prove her vaccinations. (Laughter)

SENATOR JOHNSON: Anybody else?

CAROL ALLENSWORTH: And I also wanted to say, we were the ones that accessed those records for Katrina. And it was very, very nice because when the children came in we could actually look them up at the site and that was wonderful.

SENATOR JOHNSON: Thank you. Next.

CAROL ALLENSWORTH: Um-hum.

DAVID BUNTAIN: (Exhibit 12) Senator Jensen, members of the committee, I'm David Buntain, B-u-n-t-a-i-n. I'm the registered lobbyist for the Nebraska Medical Association, and I'm just here to state that the Nebraska Medical Association does support this bill. I had given you a letter from Dr. Filipi from Omaha who had really wanted to be at this hearing. He has been involved in the process. As it indicates in the letter, the Medical Association does want to be involved in the strategic planning process, and we think this is an excellent idea and give it our wholehearted support.

SENATOR JOHNSON: Any questions for Mr. Buntain? Our questioners are leaving us, so... (Laughter)

DAVID BUNTAIN: That's fine.

SENATOR JOHNSON: You bet. Thank you very much.

LINDA LAZURE: (Exhibit 13) Senator Johnson, I want you to know that I let my medical colleague go first. (Laughter) I have some written testimony. I'm not going to go through the Board of Health but I'm Dr. Linda Lazure, L-a-z-u-r-e, Chair of the Board of Health and Associate Dean for Student Affairs at Creighton University School of Nursing. And I will skip down to paragraph 3 on the written comments. The Board of Health supports the development of a comprehensive plan for the establishment and maintenance of a statewide immunization registry. We also encourage the inclusion of a broad representation of interested parties to develop such a plan. And in addition, I promised by medical colleagues that I would bring up...add a word of caution about unfunded mandates imposed on physicians' offices. They were hoping that this would, indeed, be funded. And I would just say, from my point of view in my job as associate dean, I would welcome good immunization records because I have to collect them for all the nursing students to make sure that the hospitals and clinics that they go to that we can assure them that they are immunized. This would be wonderful. So

end that. Any questions?

SENATOR JOHNSON: Any questions of Linda? Thank you very much, Linda.

LINDA LAZURE: Thanks.

SENATOR JOHNSON: Anyone else?

JEFF KUHR: (Exhibit 14) Good afternoon, Senator Johnson, members of the committee. My name is Jeff Kuhr, K-u-h-r. I'm here today representing the Public Health Association of Nebraska and also, without going into a whole lot of detail, the association does support LB 949 to develop a plan for a statewide immunization registry. And I just want to mention that in 2001 Nebraska lawmakers were wise in utilizing a model consisting of the ten essential services for public health as their guide for defining the roles of the newly formed district health departments. So it does make sense that the statewide immunization database be implemented, as it will provide local health departments with an important front line tool in carrying out some of those essential services, specifically monitoring public health and controlling the spread of vaccine-preventable diseases. And so the Public Health Association looks forward to working with Nebraska Health and Human Services and being an active partner in this process, as we feel that our local health department system will play a key role in its implementation. So thank you very much for your time.

SENATOR JOHNSON: Thank you. Any questions? Thank you very much.

JEFF KUHR: Um-hum.

SENATOR JOHNSON: Anyone else?

JOE FISHER: Senator Jensen, members of the committee, my name is Joe Fisher. I've been a practicing pediatrician in Omaha for 38 years and a colleague of Dr. Filipi's. I have been a member of the Immunization Task Force. And in that 38 years, obviously, we've seen tremendous strides in immunization. I would make three points to the committee. Immunizations are an increasingly complex point of

information and public health with 21 immunizations given in the first two years. In the next year, we expect three more immunizations to be added to that program that will be routine in the big interest of public health. With the advent of local grocery stores offering immunizations when mom does her shopping, it becomes a high priority that we not be, one, redundant which would increase risk; number two, find holes in that immunization record that need to be filled; and three, a point of basic economics. A measles, mumps, and German measles shot costs about $100 and you really don't want to do it again if you don't need it. Thank you. (Laughter). I support the bill.

SENATOR JOHNSON: Thank you. Any questions? Well done. Thank you. Anyone else?

KRIS STAPP: (Exhibit 16) I promise to be very brief here, and that's because everyone has done such a good job.

SENATOR JOHNSON: Yes, they have.

KRIS STAPP: They have. My name is Kris, last name is Stapp, S-t-a-p-p, and I am a nurse manager for the Visiting Nurse Association in the Omaha metro area and I manage our maternal child services. Everyone has done such a good job of, I think, touching all the important points. And I guess if there was one thing that I would emphasize I think it would be the importance of what a statewide registry initiation through LB 949 would bring in terms of accuracy to the state as far as having a true knowledge of how well our children are immunized. Secondly, we've become such a transient society with multiple providers providing immunizations, and we focus heavily in our school or home visit and community programs on emphasizing the importance of the preventive value of immunizations, and know from firsthand experience what a challenge it is, even though we work and try to impress upon parents the importance of maintaining an immunization record, not all children are as lucky as yours, Senator Howard. I was lucky enough to have a mother as a nurse, and so consequently I still have my card. (Laughter) But, you know, that's not the case anymore, and so for all the reasons that have been brought forth, I think looking at this would make a much better utilization of the resources that we're expending in the

area.

SENATOR JOHNSON: Any questions?

SENATOR JENSEN: Senator Johnson, could I just ask a question?

SENATOR JOHNSON: Sure.

SENATOR JENSEN: About this bill? (Laughter) You know we talk about this being for kids. But also it would include adult registry, is that correct?

KRIS STAPP: You know, I think that...and I think especially in these last few years...initially and probably my focus, in terms of that, is because that's really the population that we serve, but the application to across the age span is huge. And there are probably a lot of ways that we could look at looking how this registry could even be incorporated into other tracking mechanisms that we would use in the state when we're looking at other systems.

SENATOR JENSEN: In my former life in construction and around construction projects and, yes,...

KRIS STAPP: Tetanus shots, huh?

SENATOR JENSEN: ...I've stepped on many a nail in my...but I always wondered, well, when did I have my last tetanus shot?

KRIS STAPP: Uh-huh.

SENATOR JENSEN: And I could never remember.

KRIS STAPP: And how many of us can remember that? And so probably, you send them to the minor medical...do you know what I mean? And minor medicals are wonderful for many things but we as adults don't keep good records either. So people are probably either getting them too soon or too late but rarely on time. Thank you.

SENATOR JOHNSON: Senator Jensen, I actually had a consultation with one of our fellow senators within the last

week about a tetanus shot. (Laughter)

KRIS STAPP: A-h-h-h. I hope he gave the right advice.

SENATOR JOHNSON: I hope so. Thank you.

KRIS STAPP: Thank you.

SENATOR JOHNSON: Anyone else? Is there anyone in a contrary position at this time of the day? Neutral? Yes, sir, we did have the gentleman that's neutral. Thank you for your patience.

JOHN WALBURN: (Exhibit 17) Good afternoon, Senator Jensen, and committee. I'm Dr. John Walburn. I'm a pediatrician in Omaha and I'm testifying for myself. I want to emphasize that. I don't represent any organizations, although I do want to state that I'm the director of a large pediatric practice with over 20,000 patient visits per year, so I'm familiar with the costs of medical care. I didn't know whether my testimony on balance would be seen as positive or negative, so that's why I decided to testify as neutral. And my testimony is as much a preemptive strike as anything. I favor immunization registries but I'm uneasy about the proposed funding sources that's in the bill. The bill states that the cost of the registry shall be paid from cash funds, contract receipts, gifts, and grants, and specially says "no General Funds shall be used". I'm particularly concerned that the Department of Health and Human Services System will use current federal Title V maternal and child health grant money to fund this program. Nebraska, right now, is one of the few, if only, states in the country that uses that federal Title V maternal and child grant money for internal administrative purposes. And our state is also typically at the bottom of the country in state-appropriated maternal and child health funding. So if the Department of Health and Human Services does, indeed, use state, federal, MCH funds for an immunization registry, it seems to me that many wonderful programs all across the state, as well as rural health departments, will be almost certainly at risk of losing funding. Now in the interest of full disclosure, you do need to know also that I'm a member of a coalition of public sector health providers that does receive maternal and child health funding, so I'm not a totally disinterested

bystander in this matter by any stretch. As a clinic director, I would also have to say that this unfunded mandate of my clinic personnel's time to enter immunizations into a registry is pretty significant. It's not trivial. Right now, our clinic uses a lot of the Vaccine for Children Program and entering just a lot number takes a lot of time. There's a lot of numbers on a lot number. And it's not bar codeable at this point in time. None of the manufacturers of immunizations have bar codes that have the lot number, expiration date, blah, blah, blah, on there. So the other concern I would have, just in terms of the specifics of the bill, in terms of my clinic personnel time are, will this be just newborns on up or will it be every kid that walks into our clinic will be expected to have their immunization records entered into the registry? And if it's every kid that walks into our clinic, we would have to have, I'm sure, more than one full-time person. I'm not going to read my last paragraph. I'm a little embarrassed about all the metaphors I used in there... (Laughter)

SENATOR ERDMAN: Corny.

JOHN WALBURN: Exactly. But my point is that if the state of Nebraska truly believes this is an interest in the health of all Nebraskans, I think the funding should be from General Funds, and I think it should be funded at the same level as early intervention programs in the state. And that is my point. Thank you.

SENATOR JOHNSON: Well, you might be last but you're not least. And I think everybody around the table enjoyed your comments. Any questions? I see none. Thank you very much.

JOHN WALBURN: Thank you.

SENATOR JOHNSON: Any other neutral?

JONI COVER: Real quick, I promise.

SENATOR JOHNSON: Okay.

JONI COVER: My name is Joni Cover, C-o-v-e-r, and I'm the executive director of the Nebraska Pharmacists Association. And I'm here in a neutral position because we generally

support the idea of an immunization registry. That isn't the issue. But when we had our legislative committee meeting last week, the Pharmacists Association has not been involved in the immunization registry process and would like to volunteer our time and efforts to assist in that process. But we had questions like, is this just for childhood vaccines or this for everybody who walks in with a flu shot? We had some of the same questions of funding from the state versus funding from the providers. And the amount of time, if it's for everyone and their flu shots, the amount of time the providers are going to spend putting that information into this registry. So we're here in a neutral capacity because we just don't have some of the answers to the questions and didn't have time to get those answered before the hearing. Generally, we're in support of the idea.

SENATOR JOHNSON: Okay. Any questions? Thank you.

JONI COVER: I'm sorry I didn't let the doctor be last. (Laughter)

SENATOR JOHNSON: Oh, okay. You did very well.

JONI COVER: Thank you.

SENATOR JOHNSON: You bet. Anyone else? Seeing none, Senator Jensen waives closing. That is the conclusion of the hearing on LB 949. Thank you all very much.

SENATOR JENSEN: And the hearings for the day.